

216020591
99412

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 4

3	Total Number of Vehicles	Local No./ District 035	Agency Case No. B6-044203	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1								
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 05/20/2016		(In Military Time) TIME OF ACCIDENT 1625	STATE USE ONLY									
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1626	05/20/2016									
B	68	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. 45th and O St.			PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE								
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE								
D	1	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY 45th and O St.												
V1/M	08	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN												
V2/M	01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN								
E	2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO								
F	1	VEHICLE NO. 1												
V1/N	1	DRIVER LICENSE NO.	H13262770	STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE								
V2/N	1	DRIVER	AMBER L BRECKS	PHONE	402-802-6092	LOCAL NO.								
G	2	DRIVER ADDRESS	1613 N 33RD ST, LINCOLN, NE 68503	DATE OF BIRTH (MM / DD / YYYY)	02/28/1992	V1/1 18								
H	2	OWNER	Amber L Brecks	PHONE	402-802-6092	V1/2								
V1/O	4	OWNER ADDRESS	1613 N. 33rd St., Lincoln, NE	CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB495275	V1/3								
V2/O	2	LICENSE PLATE NO.	None	YEAR (Plate Expires)		STATE (Of Plate)								
I	1	VEHICLE	2003	MAKE	Lexus	MODEL	ES300	BODY STYLE	4 door Sedan	COLOR	beige	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 3000	V1/4
V1/P	1	VEHICLE ID NO. (VIN)	JTHBF30G330108041	INSURANCE COMPANY	Viking Insurance	V1/5 18								
V2/P	1	TOWED TO	4490 W. F St.	TOWED BY	Capital Towing	POLICY NO.	274620749	V1/6 40						
J	01	VEHICLE NO. 2												
V1/Q	1	DRIVER LICENSE NO.	G02125072	STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE								
V2/Q	1	DRIVER	THOMAS S STALDER	PHONE	402-545-2312	LOCAL NO.								
V1/R	1	DRIVER ADDRESS	2451 30 RD, BRAINARD, NE 68626	DATE OF BIRTH (MM / DD / YYYY)	03/02/1956	V2/1 18								
V2/R	1	OWNER	THOMAS STALDER	PHONE	402-545-2312	V2/2								
V1/S	1	OWNER ADDRESS	2451 30rd Rd., BRAINARD, NE 68626	CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.	V2/3								
V2/S	1	LICENSE PLATE	PA NO. 25E608	YEAR (Plate Expires)	2016	STATE (Of Plate)	NE	V2/4						
V1/T	1	VEHICLE	2010	MAKE	Volvo	MODEL	XC60TG	BODY STYLE	4 door Sedan	COLOR	blue	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 2000	V2/5 18
V2/T	1	VEHICLE ID NO. (VIN)	YV4992DZ4A2120758	INSURANCE COMPANY	Farmers Mutual	V2/6 40								
V1/U	1	TOWED TO		TOWED BY		POLICY NO.	AU301476							
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)														
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F					
1	AMBER L BRECKS	1613 N. 33rd St., Lincoln, NE	02/28/1992	01	1	01	3	1	F					
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F					
1	Lexi Renteria Transient	Lincoln, NE	03/31/1998	03	1	01	3	1	F					
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F					

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

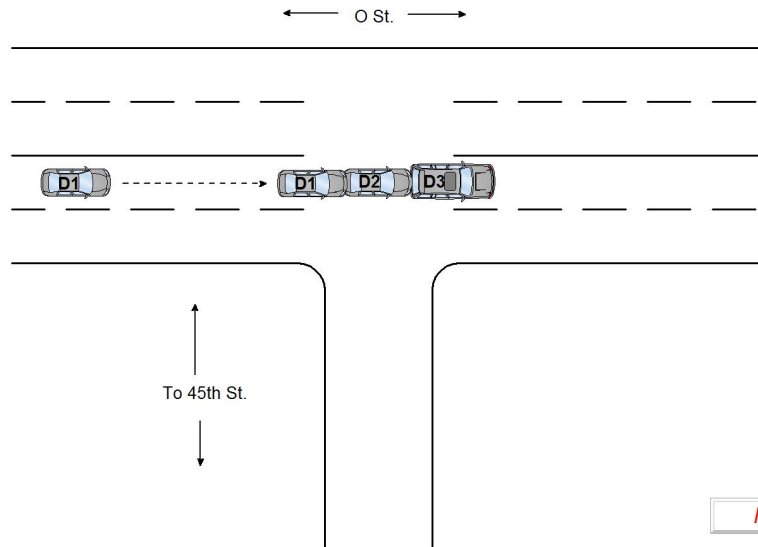
AGENCY CASE NO.
B6-044203



POI #1:
14' 7" west of east curb of 45th St.
17' 11" north of south curb of O St.

POI #2:
1' west of east curb of 45th St.
17' 11" north of south curb of O St.

All measurements are estimates as all vehicles were moved prior to arrival.



Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 stated she was traveling eastbound on O St. in the inside lane at 45th St. D1 stated traffic stopped suddenly in front of her and she also attempted to stop. D1 stated her brakes were not operating properly and she was unable to stop prior to striking the back of D2. D2 stated he was eastbound on O St. stopped due to the heavy traffic volume. D2 stated a short time after stopping he was struck from behind by D1. D2 stated the impact forced his vehicle into D3. D3 stated he was eastbound on O St. when he was struck from behind by D2.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS			PHONE
	NAME	ADDRESS			PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME										
1			X		O St.				4 5		2 1		VEH 1 3 VEH 2 1		
2			X		O St.				4		2		ALCOHOL TESTING Driver No. 1 Driver No. 2 Pedestrian		
1	01	06 Turning left			VEHICLE 1		VEHICLE 2		1 Deployed - front		1 None used - vehicle occupant		ALCOHOL LEVEL TESTED Y N X N X N		
2	01	07 Making U-turn			POINT OF IMPACT	01	POINT OF IMPACT	05	2 Deployed - side		2 Lap & shoulder belt used		BAC LEVEL		
		08 Entering traffic lane			MOST DAMAGED AREA	01	MOST DAMAGED AREA	05	3 Deployed - both front/side		3 Shoulder belt only used		ALCOHOL/DRUGS SUSPECTED		
		09 Leaving traffic lane							4 Not deployed		4 Lap belt only used		Driver No. 1 Driver No. 2		
		10 Parked			00 None	02	03	04	5 Not applicable/ No airbag available		5 Child safety seat used		1 1		
		11 Slowing or stopped in traffic			01				6 Unknown		6 Child booster seat used		1 Neither alcohol nor drugs suspected		
		12 Other			08	07	06				7 DOT approved helmet used		2 Yes - alcohol suspected		
		13 Unknown									8 Costume helmet used		3 Yes - drugs suspected		
												9 Restraint use unknown		4 Yes - alcohol & drugs suspected	
														5 Unknown	
OFFICER NO. 1682				TROOP/TEAM/BEAT 2				DEPARTMENT Lincoln Police Department				Photographs taken? YES NO			
INVESTIGATOR NAME (Print or Type) John Winter				INVESTIGATOR SIGNATURE Approved by Officer John Winter				DATE OF REPORT 05/20/2016							

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State of Nebraska

Investigator's Motor Vehicle Accident Continuation Report Sheet 3 of 4

Local No./
District

035

Agency
Case
No.

B6-044203

STATE USE ONLY

Vehicle
Codes
from
Overlay
#2

DATE OF ACCIDENT (MM / DD / YYYY)

05/20/2016

PLACE
OF
ACCIDENT

COUNTY

Lancaster

CITY

Lincoln

Sequence
of Events

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. 45th and O St.

VEH. #

VEHICLE NO. 3

VEH. #

3

DRIVER
LICENSE

NO.

H12746246

STATE
(Of License)

NE

SEX

☐ FEMALE
☒ MALE

3

M
01

DRIVER
SETH A NABER

PHONE

402-610-3936

LOCAL NO.

1.
18

N
1

DRIVER ADDRESS
2251 MANITOU DR, LINCOLN, NE 68521

CITY, STATE, ZIP

DATE OF
BIRTH
(MM / DD / YYYY)

05/08/1984

2.

O
1

OWNER
ANGELA M NABER

PHONE

402-610-3936

LOCAL NO.

2-22-86

3.

OWNER ADDRESS
2251 MANITOU DR, LINCOLN, NE 68521

CITY, STATE, ZIP

CITATION

☐ YES
☒ NO

CITATION NO.

4.

P
1

LICENSE
PLATE

PA

NO. SGW714

YEAR
(Plate Expires)

2016

STATE
(Of Plate)

NE

5.

Q
4

VEHICLE

YEAR

2005

MAKE

Jeep

MODEL

Cherokee

BODY STYLE

Medium/large

COLOR

blue

ESTIMATED DAMAGE

☐ TOTALED \$ 1000

18

VEHICLE ID
NO. (VIN)

1J4GR48K35C685158

INSURANCE COMPANY

Farm Bureau

6.

TOWED TO

TOWED BY

POLICY NO.

8018717

40

VEH. #

VEHICLE NO. 4

VEH. #

4

DRIVER
LICENSE

NO.

STATE
(Of License)

SEX

☐ FEMALE
☐ MALE

4

M

DRIVER

PHONE

LOCAL NO.

1.

N

DRIVER ADDRESS

CITY, STATE, ZIP

DATE OF
BIRTH
(MM / DD / YYYY)

2.

O

OWNER

PHONE

LOCAL NO.

3.

OWNER ADDRESS

CITY, STATE, ZIP

CITATION

☐ YES
☐ NO

CITATION NO.

4.

P

LICENSE
PLATE

NO.

YEAR
(Plate Expires)

STATE
(Of Plate)

5.

Q

VEHICLE

YEAR

MAKE

MODEL

BODY STYLE

COLOR

ESTIMATED DAMAGE

☐ TOTALED \$

6.

VEHICLE ID
NO. (VIN)

INSURANCE COMPANY

POLICY NO.

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED				RESTRAINT USE				TOTAL OCCUPANTS											
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)				VEHICLE 3				VEHICLE 4				VEH 3				VEH 4			
3			X		O St.								4 5				2 2				3 4							
4													4 5				2 2				Y N							
3	01				06 Turning left				VEHICLE 3				1 Deployed - front				1 None used - vehicle occupant				ALCOHOL LEVEL TESTED							
4					07 Making U-turn				VEHICLE 4				2 Deployed - side				2 Lap & shoulder belt used				Y N							
					08 Entering traffic lane				POINT OF IMPACT				3 Deployed - both front/side				3 Shoulder belt only used				N X							
					09 Leaving traffic lane				MOST DAMAGED AREA				4 Not deployed				4 Lap belt only used											
					10 Parked				05				5 Not applicable/ No airbag available				5 Child safety seat used											
					11 Slowing or stopped in traffic				02 03 04				6 Unknown				6 Child booster seat used											
					12 Other				01 05								7 DOT approved helmet used											
					13 Unknown				08 07 06								8 Costume helmet used											
																	9 Restraint use unknown											

Complete this section for all injured persons

DATE OF BIRTH
(MM / DD / YYYY)

1 2 3 4 5 SEX
Seat Eject Body Injury Trans. M F
Position Region Sev.

VEH. #	NAME	ADDRESS	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.

ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate
North
by Arrow

AGENCY CASE NO.

B6-044203

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	NAME	ADDRESS			PHONE
WITNESSES	NAME	ADDRESS			PHONE
OFFICER NO.		TROOP/ TEAM/ BEAT	DEPARTMENT		
1682		2	Lincoln Police Department		
INVESTIGATOR NAME (Print or Type)			INVESTIGATOR SIGNATURE		DATE OF REPORT
John Winter			Approved by Officer John Winter		05/20/2016